

**COMBINED DECLARATION AND POWER OF ATTORNEY  
IN ORIGINAL APPLICATION**

Atty. Docket No. MRS109

As the below named inventor, I hereby declare that:  
my residence, post office address and citizenship are as stated below  
next to my name; that

I verily believe that I am the original, first and sole inventor of the invention  
entitled: **VALVE-FREE OXYGEN CONCENTRATOR FEATURING  
REVERSIBLE COMPRESSORS** described and claimed in the attached  
specification; that I do not know and do not believe the same was ever known or  
used in the United States of America before my invention thereof, or patented or  
described in any printed publication in any country before my invention thereof or  
more than one year prior to this application, that the same was not in public use  
or on sale in the United States of America more than one year prior to this  
application, that the invention has not been patented or made the subject of an  
inventor's certificate issued before the date of this application in any country  
foreign to the United States of America on an application filed by me or my legal  
representatives or assigns more than twelve months prior to this application, that  
I acknowledge my duty to disclose information of which I am aware which is  
material to the examination of this application in accordance with 37 C.F.R. §  
1.56(a), and that no application for patent or inventor's certificate on this  
invention has been filed in any country foreign to the United States of America  
prior to this application by me or my legal representatives or assigns and that I  
have reviewed and understand the contents of the specification, including the  
claims, as amended by any amendment specifically referred to in the oath or  
declaration.

I hereby appoint the following attorney to prosecute this application and to  
transact all business in the Patent and Trademark Office connected herewith:

**William E. Noonan, Reg. No. 30,668**

Address all telephone calls to William E. Noonan at telephone no. (239) 481-  
0900.

Address all correspondence to **Post Office Box 07338, Fort Myers, Florida,  
33919.**

I hereby declare that all statements made herein of my own knowledge  
are true and that all statements made on information and belief are believed to  
be true; and further that these statements were made with the knowledge that  
willful false statements and the like so made are punishable by fine or  
imprisonment, or both under Section 1001 of Title 18 of the United States Code  
and that such willful false statements may jeopardize the validity of the  
application or any patent issued thereon.

Full Name Of Sole Inventor: Stuart Bassine

Inventor's Signature: \_\_\_\_\_

*Stuart Bassine*

Date: \_\_\_\_\_

1-6-04

Residence: Hendersonville, NC

Post Office Address: 141 Twin Spring Road, Hendersonville, NC 28792

Citizenship: United States